

**FORM
5A**
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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400281693
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05/07/2012

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>66561</u>	4. Contact Name: <u>Joan Proulx</u>
2. Name of Operator: <u>OXY USA INC</u>	Phone: <u>(970) 263-3641</u>
3. Address: <u>PO BOX 27757</u>	Fax: <u>(970) 263-3694</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	

5. API Number <u>05-077-09199-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>CURREY</u>	Well Number: <u>16-14</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>16</u> Township: <u>9S</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>BRUSH CREEK</u> Field Code: <u>7562</u>	

Completed Interval

FORMATION: COZZETTE-CORCORAN Status: PRODUCING

Treatment Date: 05/15/2008 Date of First Production this formation: 09/18/2008
Perforations Top: 6820 Bottom: 6962 No. Holes: 18 Hole size: 34/100

Provide a brief summary of the formation treatment: _____ Open Hole:

1 stage of slickwater frac with 2,586 bbls of frac fluid and 96,738 lbs of white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/02/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 94 Bbls H2O: 28
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 94 Bbls H2O: 28 GOR: 0
Test Method: Flowing Casing PSI: 429 Tubing PSI: 177 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1063 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6520 Tbg setting date: 04/12/2012 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 05/15/2008 Date of First Production this formation: 09/18/2008
Perforations Top: 5623 Bottom: 6174 No. Holes: 51 Hole size: 34/100

Provide a brief summary of the formation treatment: _____ Open Hole:

3 stages of slickwater frac with 3,850 bbls of frac fluid and 119,202 lbs of white sand proppant

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/02/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 219 Bbls H2O: 65
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 219 Bbls H2O: 65 GOR: 0
Test Method: Flowing Casing PSI: 429 Tubing PSI: 177 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1063 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6520 Tbg setting date: 04/12/2012 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

Work occurred on the Currey 16-14 well to repair a hole in the tubing.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Joan Proulx

Title: Regulatory Analyst Date: 5/7/2012 joan_proulx@oxy.com

Email
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Attachment Check List

Att Doc Num	Name
400281693	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)